

LOCAL EDUCATION AUTHORITY,
BURNLEY.

Medical Officer's Report,
1911.

ELEMENTARY SCHOOLS SUB-COMMITTEE, 1911.

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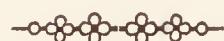
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COUNTY BOROUGH OF BURNLEY.

EDUCATION DEPARTMENT.

MEDICAL OFFICER'S REPORT FOR THE YEAR 1911.

TO THE MEMBERS OF THE LOCAL EDUCATION AUTHORITY.

GENTLEMEN,

I have the honour to present my Annual Report as School Medical Officer for the year ending December 31st, 1911.

As stated last year, the amendment of the condition of school children inimical to their well-being, has been the first consideration, and in the following report much space is devoted to an account of that part of the work.

In dealing with any defect or ailment of a child the responsibility of the parent has not been forgotten, nor has anything been done which could lessen the tie between the parent and the child in any way.

In the accounts of the after history of children with some defect it will be seen that a large number are lost sight of. It is hoped by an improvement in the method of dealing with the records that in future the number marked "left school" or "no history" will be much lessened.

It is satisfactory to note that with very few exceptions the indifferent parent is rare. The indifference of parents is almost entirely limited to the question of provision of glasses, procuring dental advice, or the scrupulous cleanliness of the child. In the matter of the eyes and teeth the Medical Officer is in somewhat of a difficulty, for when the parents are advised to attend to the child's eyes, they often go to someone who sells glasses merely: there is some pretence of a test and the child gets a pair of glasses, frequently unsuitable and often indeed harmful.

The same remark applies almost in its entirety to dental advice. There are many "dental surgeries" or "dental rooms" to which the parent can and does go, and where as a rule the only advice or treatment is extraction, a remedy at times worse than the disease.

The want of cleanliness is still very prevalent for whereas in 1910, 181 out of 1577 children who were leaving school were found with nits in the hair, in 1911 there were no less than 210 out of 1211. These figures refer to children of 12 and 13, mostly girls. It would appear that some action on the part of the authority or the teaching staff could be taken to amend this state of affairs. Much of course depends on the persistence of the teacher.

Many of the children with nits are otherwise clean, but their presence indicates a certain amount of neglect and want of cleanliness. If a mother wishes her child to have long and beautiful hair she will have to sacrifice much time to its attention.

Sore heads are another sign of neglect and want of cleanliness. The condition is almost entirely confined to younger children, and it has been our endeavour to get the mother to feel the responsibility for this, the nurse who visits helping rather than taking charge of the case.

"Following up" has been practised as will be seen from the report, to a very great extent by visitor, by nurse, and in some cases by school attendance officers.

I have to thank Dr. Markham for the manner in which his share of the work has been carried out and for his assistance in getting the materials together on which this report is based. I know that Dr. Markham would like me to express his indebtedness to the Heads of the various departments for their kindness and for the valuable aid that has been rendered in carrying out the various suggestions he has had to make in the interests of the children.

I have the honour to be,

Gentlemen,

Your obedient Servant,

THOMAS HOLT, M.D.,

Medical Officer of Health and School Medical Officer.

Public Health Department,

Burnley,

April, 1912.

GENERAL INFORMATION.

SCHOLARS.—Children are admitted to school before the age of five and leave generally when they attain the age of thirteen. They are mostly the children of parents who work in the cotton weaving sheds, and a large proportion go to work as “half-timers” when they reach the age of twelve, and “full-timers” when they reach the age of thirteen, that is if they have attained the required proficiency in their school work, or made the required number of attendances.

Education
Report.

SCHOOLS.—

Number of Provided Schools	15
Number of Non-Provided Schools	19
Number of Departments :—	

Provided Schools—

Mixed	11
Infants	11

Non-Provided Schools—

Mixed	10
Boys	2
Girls	2
Infants	13
Infants and Mixed	4

Ten of the Schools are quite modern buildings. Some of the others are old buildings, but they are generally well ventilated, warmed and lighted. The Sanitary conveniences are modern and efficient with the exception of one school, which has pail closets.

The Pay-grounds, with eight exceptions, are wholly flagged or concreted.

The various schools have been regularly visited by members of the Sanitary Staff, in all 717 visits being paid. The defects found have numbered 41, of which 37 had been remedied up to the end of the year.

SPECIAL SCHOOLS.—There are two special schools for the mentally defective, one at Coal Clough and the other at Heasandford. They have each accommodation for 65 scholars.

At Coal Clough there has been an average of 69 on the rolls. During the year 12 children were admitted with varying degrees of mental deficiency and twelve left. Of the 12 who left :—

- 8 went to work.
- 1 left on account of illness.
- 1 had epilepsy.
- 1 had left the town.
- 1 died.

At Heasandford the average number on the rolls was 67. During the year 9 were admitted and 10 left.

- 4 went to work.
- 3 were transferred to ordinary schools.
- 2 left the town.
- 1 died.

Each school has a head mistress and four assistant teachers, who are specially trained for this kind of work.

SCHOOL FOR THE DEAF.—At the close of the year there were 26 children attending the school : 17 boys and 9 girls, ranging from 6 to 16 years of age.

During the year 3 boys and 1 girl were admitted to the school, and 4 girls and 1 boy left. One boy died.

Of the 15 Burnley children attending the school the following are some particulars :—

Born deaf	5 boys	5 girls
Deaf after birth	4 boys	1 girl
Causes of post-natal deafness :—		
Teething	2 boys	
Meningitis	1 boy.	
Concussion of brain	1 boy	
Convulsions	1 girl	
Deaf BEFORE the acquisition of speech	8 boys	6 girls
Deaf AFTER the acquisition of speech	1 boy	
Totally deaf	5 boys	6 girls
Partially deaf	4 boys	—

SCHOOL FOR THE BLIND.—The Blind School has accommodation for 26 scholars. There are 20, of whom 10 are Burnley children, the rest being sent by neighbouring authorities. Of the Burnley children there are :—

Boys ... 6	Girls ... 4
Boys : Totally blind ... 4	Girls : Totally blind ... 3
Partially blind ... 2	Partially blind 1

Education
Report.

Five of the totally blind children have acquired their defect, in all cases owing to Ophthalmia at or soon after birth. One of the partially blind is so as a result of the same disease.

The children suffering from partial blindness which is due to congenital causes are albinos, three boys and one girl.

The staff consists of a Head Master (blind) and an assistant mistress.

SPECIAL CLASSES are held at several centres for the teaching of Cookery and Hygiene to girls of eleven years and upwards. Over 1,100 girls are taught at these classes yearly. Domestic Hygiene and Sick Nursing, the teaching of which is made as practical as possible, is taught to all girls of eleven and upwards.

There are three Laundry Centres where about 600 girls are trained yearly.

Manual Training for boys is carried out at six centres, and about 1,000 boys learn Joinery, etc.

PHYSICAL EXERCISES.—The children at the ordinary schools are trained in the usual physical exercises by teachers who are qualified to carry out the instructions laid down in the syllabus of the Board of Education. Swimming classes are organized under proper qualified teachers and are open to all the scholars from about the age of eight upwards. During the last school year over 50,000 attendances were put in at the various baths by the school children. This will probably represent about 2,500 children who were visiting the baths approximately once each week during the summer.

REPORT.

Part I.—WORK IN THE SCHOOLS.

THE EXTENT AND SCOPE OF MEDICAL INSPECTION.—As pointed out in last year's report, many children enter school before they attain the age of five years, and as they are not compelled to attend before that age they, in many cases, leave after a few weeks and re-enter the same or another school at a later period. Formerly all children were inspected as they entered school and for the reason above given were in many cases inspected on more than one occasion as entrants. To obviate this it was suggested that no child should be inspected in the routine manner and a schedule filled up until it had reached the age of five years. The Board of Education was communicated with and the following reply was received :—

Board of Education,

Whitehall, London, S.W.,

4th February, 1911.

Sir,

In reply to Mr. Smith's letter of the 11th ultimo, I am directed to state that it does not appear to the Board that the postponement until the age of five years of all medical inspection in the case of children admitted at 3 or 4 years is consistent with a reasonable interpretation of Section 13 (1) (b) of the Education (Administrative Provisions) Act, 1907, which requires provision to be made for the medical inspection of children immediately before or at the time of, or as soon as possible after, admission to a public elementary school.

I am however, to add that, so far as the Board are concerned, they would regard the provision made for the medical inspection of entrants as satisfactory if every child entering school between the ages of 3 and 5, were passed under careful review by the Medical Officer as soon as possible after admission, and if the complete inspection for the purpose of filling up the Schedule took place in the

case of these and of all other children at the age of 5, I am to enquire whether this course will be adopted by the Authority, and it will of course be understood that provision must be made for inspection at the time of admission of children who do not come to school until the age of 6 or later.

I am, Sir,

Your obedient Servant,

(Signed) H. M. LINDSELL.

To the Local Education Authority,
Burnley.

In accordance with this, 1052 children under five and 962 children having just attained the age of five years, have been inspected during the year 1911.

Formerly monthly visits were paid to the schools, but this interval was found, especially in the lesser schools, to be too short, as the numbers to be inspected were often so small. Now visits are paid to each school at intervals of two months. In the infants' department the children admitted since the last visit of the Medical Officer are inspected as mentioned in the letter from the Board of Education. The children who have attained the age of five since the last visit of the Medical Officer are inspected and the schedule filled. These children are marked off in the admission register as having been medically inspected. A medical register is also filled up by the Medical Officer. Defects are entered on the schedule, on the register, and a separate sheet is filled for every child with any defect that calls for further action or enquiry.

After the routine inspection of the entrants those having attained the age of seven since the last visit of the Medical Officer are then inspected, the teacher presenting with each child the schedule filled when the child was five years of age. This presenting of the schedule is not successfully accomplished in many cases owing to removals. It might be pointed out here that the greater or lesser efficiency of a schedule system means the greater or lesser efficiency of medical inspection, for the most useful facts of medical inspection will certainly be indicated by the after history of defects that are found at early periods of school life, and the only way to obtain this after history

is by the schedules of all children accompanying them when they move from one school to another. This can only be done by the teachers, who know when children leave and probably know to which school or district they have gone. If in such a case the teacher hands the schedule to the Medical Officer on his next visit, it then remains for the teacher to whose school the child has gone to obtain from the Medical Officer the schedule of the incoming scholar.

After the inspection of the seven-year olds, some of whom come from the infants and some from the mixed departments, the children who are about to leave school are inspected. A register of these is kept but no schedules made out. In course of time schedules will be in existence for those leaving, and then they will be presented by the teacher, for completion by the Medical Officer and each schedule will become a medical record of a child's school life.

When the routine inspections are completed the teacher brings forward any child on whom the Medical Officer's opinion or directions may be desired. The Medical Officer also makes enquiries regarding certain of the children who may have come under his notice at a previous visit.

The results of the inspection of entrants, of seven-year olds, and of leavers are given in the following pages. The results are also given of inspections of children against whom some defect has been entered.

In addition to the statutory work of medical inspection, those children who are absent from school without a medical certificate are directed to attend at the Medical Officer's Office, and are there examined with a view to their fitness or otherwise for school. The School Nurse attends on these occasions to assist in the examination of the children and also to take any directions from the Medical Officer as regards visiting the homes for the purpose of giving advice to the parents as to procuring medical attention and in assisting to carry out the directions of the Medical attendant, or in those cases where cleanliness rather than medical advice is required, to show the parents how it may be attained.

In addition to the School Nurse one of the Health Visitors is employed in a great measure in visiting school children. Separate accounts both of the Nurses' and the Visitor's work are given later.

Frequent communications are made with the medical men of the town and with the Medical Officers at the Victoria Hospital regarding school children, and in that way a very efficient oversight of the children requiring medical attention is kept up.

The teachers notify on postcards supplied for the purpose, cases of disease of an infectious nature, and all such cases as in their opinion require supervision or enquiry. These cases as may be necessary are visited either by the Visitor or by the Infectious Diseases Inspector, the Nurse is not sent to any case until the Medical Officer has first seen it. If the Visitor considers that the child ought to be seen by the Medical Officer the parent is directed to bring the child to the office on the usual day for the inspection of absentees.

The schedules, of which the following is a copy, are kept in cabinets at each of the schools :—

DATE _____ SCHOOL _____

Age and Date of Birth _____

Parent present (F. or M.) _____

Previous Illness and Age at

M. S. D. W. C. Pneum.

--	--	--	--	--	--	--

Family History. Parents, and other children.

I. II. III. IV.

Date			
Age			
Standard			
Attendance			
Height			
Weight			
Cleanliness	Head Body		
Cl'thing & Footgear			
Teeth			
Eyes			
Vision			
Nose and Throat			
Ears & Hearing			
Glands			
Skin			
Mental Capacity			
Deformities			
Nutrition			
Heart and Lungs			
Nervous System			
T. B. Rickets, &c.			
Other Defects, Speech, &c.			
Vaccination Marks			
Medical O's Initials			

NAME and ADDRESS

The medical registers are kept at the Medical Officer's office. As before stated, separate sheets are entered for children whose condition requires further information or concerning whom it is necessary to take some action. A register is kept of all the children presenting themselves at the office for examination and each child has a card on which the details of the illness are entered, together with the action taken.

The total number of inspections carried out during the year 1911 were :—

	Boys.	Girls.	Total.
Entrants: Under 5 years of age .....	...	...	1052
Five year old children	505	457	962
Seven year old children	777	821	1598
Children leaving school	600	611	1211
	1882	1889	4823

It will be noted above that a comparatively small number of children have been inspected at 5 years of age. Only those children who have attained the age of 5 and have not already had a schedule filled up have been inspected in the routine way, so that the 962 children shown as having been inspected at 5 years of age entered school for the first time at that age. The number 2014 given as entrants is in all probability a fairly correct number, but the totals for the seven year olds and the leavers appear to be far too small, and it must be that many children on attaining the age of seven are not presented by the teacher for inspection and also that many children leave school without the final inspection by the Medical Officer which is required by law.

Table I.—CHILDREN UNDER FIVE YEARS OF AGE

inspected on entering School, in accordance with the letter of
the Board of Education on page 8:—

Abel Street	63	St. Andrew's	40
Back Lane	11	St. Augustine's	2
Burnley Wood	99	St. James'	46
Coal Clough	56	St. John's, Ivy Street.....	20
Fulledge	48	St. John's, Gannow	39
Habergham	33	St. Mary's	57
Hargher Clough	66	St. Mary Magdalene's	30
Healey Wood	17	St. Peter's	68
Heasandford	63	St. Stephen's	15
Holy Trinity	60	St. Thomas'	26
Lane Head.....	16	Stoneyholme	44
Lowerhouse	3	Whittlefield	21
Pickup Croft	21	Wood Top	27
Red Lion Street	18		—
Rosegrove	43	Total	1052

Several defects were found in these children, including 21 cases of Rickets and 9 cases of Ringworm.

Table II.—INSPECTION AT FIVE YEARS OF AGE.

Showing Accommodation, Average Attendance, and Number of Children at five years of age inspected at the various Schools.

Name of School.	Accommo- dation.	Average Attendance.	Inspection of	
			Boys.	Girls.
Abel Street	392	314	24	33
Back Lane	72	48	8	3
Burnley Wood	410	294	22	20
Coal Clough	367	393	57	44
Fulledge	379	291	35	36
Habergham	117	74	8	7
Hargher Clough	266	179	13	10
Healey Wood	142	125	14	5
Heasandford	350	328	34	34
Holy Trinity	375	304	47	51
Lane Head.....	166	48	6	9
Lowerhouse	236	51	1	0
Pickup Croft	226	87	5	4
Red Lion Street	114	94	14	13
Rosegrove	276	177	11	7
St. Andrew's	231	195	21	21
St. Augustine's	35	25	2	1
St. James'	155	127	11	10
St. John's, Gannow	311	229	27	26
St. John's, Ivy Street.....	104	80	12	4
St. Mary's	316	201	27	27
St. Mary Magdalene's	158	131	13	9
St. Peter's	318	119	14	11
St. Stephen's	283	154	16	11
St. Thomas'	123	93	11	12
Stoneyholme	364	306	32	29
Whittlefield	150	147	12	10
Wood Top	145	87	8	10
Total	6581	4701	505	457

Table III.—SHEWING THE NUMBER OF PARENTS PRESENT AT THE PRIMARY INSPECTION.

Name of School.	Total Examined	Father.	Mother.	Other Relative.	None.
Abel Street	57	1	23	10	23
Back Lane	11	1	4	1	5
Burnley Wood	42	1	18	3	20
Coal Clough	101	2	49	11	39
Fulledge	71	1	28	6	36
Habergham	15	1	7	1	6
Hargher Clough	23	2	2	3	16
Healey Wood	19	..	12	..	7
Heasandford	68	3	29	4	32
Holy Trinity	98	2	29	10	57
Lane Head.....	15	..	3	..	12
Lowerhouse	1	..	..	..	1
Pickup Croft	9	..	4	..	5
Red Lion Street	27	3	12	3	9
Rosegrove	18	..	8	..	10
St. Andrew's	42	1	11	5	25
St. Augustine's	3	..	..	..	3
St. James's	21	..	11	1	9
St. John's, Gannow	53	3	18	10	22
St. John's, Ivy Street.....	16	1	5	4	6
St. Mary's	54	2	22	..	30
St. Mary Magdalene's	22	..	6	..	16
St. Peter's	25	2	5	3	15
St. Stephen's	27	..	8	..	19
St. Thomas's	23	1	8	1	13
Stoneyholme	61	..	28	6	27
Whittlefield	22	1	14	4	3
Wood Top	18	..	5	1	12
Total	962	28	369	87	478

Father present in 2.9% of the admissions.

Mother ,, 38.3% ,, ,,

Relatives ,, 9.0% ,, ,,

No one ,, 49.8% ,, ,,

The following table shews the result of the enquiries regarding previous illnesses :—

Education Report.

Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Chickenpox	No history obtained.
291	54	9	173	96	478

Many of the children had had more than one of the above diseases and the following list shews how far this obtained :—

Total Inspected.	No Disease.	One.	Two.	Three.	Four.	No history obtained.
962	108	196	114	54	12	478

Of the 484 children of whom a history was obtained—

60.0% of the children had suffered from Measles.

11.1% ,, ,, Scarlet Fever.

1.8% ,, ,, Diphtheria.

35.8% ,, ,, Whooping Cough.

19.8% ,, ,, Chickenpox.

22.3% had not suffered from any of the above diseases.

40.5% had suffered from one disease.

23.5% ,, ,, two diseases.

11.1% ,, ,, three diseases.

2.6% ,, ,, four diseases.

In 49.8% of the cases there was no history obtainable.

Of the 962 children inspected 67.7% had been vaccinated.

Table IV.—SHOWING RESULTS OF INSPECTION AT VARIOUS SCHOOLS
OF CHILDREN AT FIVE YEARS OF AGE.

NAME OF SCHOOL.	No. Examined.	Cleanliness.	Clothing.	Footgear.	Eyes.	Vision.	Nose and Throat.	Ears.	Glands.	Skin.	Mental Capacity.	Hernia.	Deformities.	Other Defects.	Total Defects.	Vaccinated.
Abel Street	57	6	..	..	..	..	1	1	1	2	..	..	1	2	14	36
Back Lane	11	..	..	..	1	..	..	..	..	..	..	..	..	1	2	10
Burnley Wood	42	6	..	..	..	..	1	1	1	..	1	..	..	2	12	28
Coal Clough	101	5	..	..	..	..	8	2	..	..	..	..	..	1	16	55
Fulledge	71	..	..	..	1	..	3	1	2	2	..	..	1	4	14	44
Habergham	15	..	..	..	2	..	..	1	..	..	..	..	..	1	4	11
Hargher Clough	23	1	..	..	..	..	2	..	1	..	..	..	..	..	4	16
Healey Wood	19	3	..	..	..	..	..	1	1	1	..	..	..	..	6	13
Heasandford	68	4	..	..	1	..	2	..	2	4	..	..	..	..	13	33
Holy Trinity	98	10	..	..	2	..	5	1	4	1	..	..	2	4	29	73
Lane Head	15	1	..	..	..	..	..	..	2	3	..	..	..	1	7	10
Lowerhouse	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Pickup Croft	9	..	..	..	..	..	1	..	..	..	..	..	..	..	1	8
Red Lion Street	27	1	..	..	..	..	1	..	2	..	..	..	..	2	6	21
Rosegrove	18	..	..	..	..	..	1	..	..	..	..	..	..	1	2	16
St. Andrew's	42	3	..	..	..	..	3	..	2	2	..	..	2	1	13	28
St. Augustine's	3	..	..	..	..	..	1	..	..	..	..	..	..	..	1	3
St. James's	21	1	..	..	2	..	..	1	2	3	..	..	1	..	10	18
St. John's, Ivy Street ..	53	..	..	..	..	..	1	..	..	..	..	..	..	..	1	12
St. John's, Gannow ..	16	4	..	..	2	1	1	2	2	1	..	..	..	..	13	32
St. Mary's	54	4	1	..	1	..	2	1	5	1	..	..	..	..	15	44
St. Mary Magdalene's ..	32	1	1	..	1	..	1	..	1	..	..	..	..	..	5	17
St. Peter's	25	1	..	..	..	..	..	..	1	..	..	..	..	3	5	18
St. Stephen's	27	..	..	..	1	..	..	..	..	2	..	..	1	2	6	21
St. Thomas's	23	2	..	..	2	..	1	..	4	1	..	..	..	1	11	19
Stoneyholme	61	2	..	..	2	..	3	2	3	..	..	..	2	..	14	34
Whittlefield	22	..	..	..	2	..	..	..	1	..	..	..	2	..	5	17
Wood Top	18	2	..	..	..	..	..	..	..	1	..	..	..	..	3	14
Total	962	57	2	..	20	1	38	14	37	24	1	..	12	26	232	652

With reference to the numbers shewing want of cleanliness and defects in clothing and footgear, the figures under those headings show the numbers at the time of first inspection. It was considered that this did not give a true idea as to the general cleanliness and the state of the clothing and footgear of the children admitted to school, because the knowledge that the Medical Officer is attending school and will inspect the children causes some of the parents to make more effort than they generally do to send the child to school clean and clothed as well as possible. That this is the case is well seen by the following figures, which were obtained by visiting the schools at the latter end of the year, and getting from the teacher a report regarding those matters on each child admitted during the year.

Table V.—Showing results of enquiries as to Cleanliness, Clothing, and Footgear, at the end of the year, of those Children at five years of age examined during the year.

NAME OF SCHOOL.	No. Examined.	Cleanliness.	Clothing.	Footgear.
Abel Street	57	4	4	1
Back Lane'	11	..	..	1
Burnley Wood	42	2	1	1
Coal Clough	101	2	1	..
Fulledge	71	3	3	..
Habergham	15	1	1	1
Hargher Clough	23	..	..	..
Healey Wood	19	4	3	..
Heasandford	68	..	..	..
Holy Trinity	98	12	6	..
Lane Head.....	15	1	1	..
Lowerhouse	1	..	..	..
Pickup Croft	9	1	..	..
Red Lion Street	27	5	5	5
Rosegrove	18	1	2	..
St. Andrew's	42	4	5	1
St. Augustine's	3	1	1	..
St. James's	21	6	1	..
St. John's, Ivy Street....	53	2	2	1
St. John's, Gannow	16	1	1	..
St. Mary's	54	4	6	..
St. Mary Magdalene's ..	32	2	4	3
St. Peter's	25	6	3	1
St. Stephen's	27	3	1	1
St. Thomas's	23	1	7	7
Stoneyholme	61	2	1	1
Whittlefield	22	4	..	..
Wood Top	18	4	4	..
TOTAL	962	76	63	24

INSPECTION OF SEVEN YEAR OLD CHILDREN.—On the Education Report. following page is a table of the seven year old children examined at the various schools. As far as possible the schedules already made out when the child entered school were used, and when those could not be found a new one was made. In addition to the ordinary inspection similar to the one the child had to undergo on entering school, the eyesight was tested by means of Snellen's types.

Table VI.—INSPECTION AT SEVEN YEARS OF AGE.

NAME OF SCHOOL.	Number Examined.	Defective Eyes.	Wearing Glasses.	Nits.	Skin Diseases.	Dirty.	Glands.	Clothing.	Footgear.	Tonsils.	Rickets.	Discharging Ears.	Other Defects.	Total.
Abel Street	119	3	: .	13	5	: .	9	: .	: .	8	: .	: .	3	41
Back Lane	9	..	..	1	..	..	2	..	..	..	..	..	..	3
Burnley Wood	94	1	..	7	..	..	2	..	..	3	..	..	3	16
Claremont	38	3	..	5	..	..	..	..	..	2	..	1	..	11
Coal Clough	143	3	1	5	1	..	4	..	..	4	1	..	3	22
Fulledge	57	2	..	5	1	..	1	..	1	1	..	2	2	15
Habergham	22	1	1	1	..	..	..	..	..	..	..	..	..	3
Hargher Clough	67	4	..	8	1	..	4	..	..	2	..	2	2	23
Healey Wood	40	1	..	6	1	..	2	..	..	1	..	..	1	12
Heasandford	117	4	..	9	..	..	1	..	..	5	..	1	1	21
Holy Trinity	125	7	..	14	2	..	4	..	..	5	..	..	2	34
Lane Head.....	16	..	..	..	1	..	2	..	..	1	..	..	..	4
Lowerhouse	15	1	..	3	..	..	1	..	..	1	..	..	3	9
Pickup Croft	22	..	..	2	..	..	1	..	..	..	..	1	..	4
Red Lion Street	31	5	..	2	..	..	1	..	..	..	..	..	1	9
Rosegrove	46	5	..	2	2	..	..	..	..	..	..	..	1	10
St. Andrew's	48	2	..	7	1	..	2	..	..	2	..	1	..	15
St. Augustine's	7	..	..	1	..	..	..	..	..	..	..	..	..	1
St. James's	22	..	..	3	1	..	2	..	..	2	..	1	..	9
St. John's, Ivy Street....	38	..	..	2	..	..	..	..	..	..	..	..	..	2
St. John's, Gannow	22	2	..	3	1	..	2	..	..	1	..	..	1	10
St. Mary's	90	3	..	8	..	..	2	..	..	4	1	..	2	20
St. Mary Magdalene's ..	37	1	..	6	..	1	1	..	..	2	..	..	..	11
St. Paul's	22	4	..	4	..	..	..	..	..	1	..	..	1	10
St. Peter's	25	1	..	3	..	..	2	..	..	..	..	..	1	7
St. Stephen's	57	2	1	2	1	..	2	..	1	2	1	1	1	14
St. Thomas's	33	..	..	4	1	..	..	1	1	..	1	..	..	8
Stoneyholme	114	5	..	3	..	..	3	..	..	2	..	..	3	16
Todmorden.....	76	6	..	1	..	..	4	..	..	6	..	..	2	19
Whittlefield	14	2	..	1	..	..	2	..	..	..	..	1	1	7
Wood Top	32	2	..	3	1	..	3	1	..	..	..	1	..	11
Total	1598	70	3	134	20	1	59	2	3	54	5	12	34	397

Table VII.—INSPECTION OF CHILDREN LEAVING SCHOOL :—
 Showing Accommodation, Average Attendance, and Numbers of Children
 Inspected before leaving the various Schools.

Name of School.	Accommo- dation.	Average Attendance.	Inspection of	
			Boys.	Girls.
Abel Street	764	736	56	49
Back Lane	126	69	5	3
Burnley Wood	800	681	52	51
Claremont Street	653	578	26	28
Coal Clough	804	769	47	42
Habergham	348	157	19	7
Hargher Clough	410	348	19	23
Healey Wood	202	215	7	16
Heasandford	760	663	39	34
Holy Trinity	785	681	42	63
Lane Head.....	158	109	7	5
Red Lion Street	340	279	13	20
Rosegrove	712	511	31	30
St. Andrew's	479	375	17	22
St. Augustine's	104	51	1	1
St. James's	391	252	13	11
St. John's, Ivy Street.....	263	217	2	6
St. Mary's	640	583	41	33
St. Mary Magdalene's	291	268	20	13
St. Paul's	284	156	9	4
St. Peter's	325	271	17	14
St. Stephen's	380	323	20	16
St. Thomas'	176	162	..	14
Stoneyholme	860	622	42	59
Todmorden Road	840	736	44	37
Wood Top	217	209	11	10
Total	12112	10021	600	611

Table VIII.—CHILDREN LEAVING SCHOOL.

The following is a list of the chief defects found in the children leaving school:—

Name of School.	No. Inspected.	Defective Eyes.	No. Wearing Glasses.	Teeth.	Glands.	Nits.	Dirty.	Anæmia.	Clothing & Footgear.	Tonsils.	Other Defects.
Abel Street	105	3	3	14	3	16	..	..	..	4	3
Back Lane	8	1	..	..	..	..	..	..	..	..	1
Burnley Wood	103	2	4	14	..	14	..	..	..	2	4
Claremont Street	54	1	3	9	..	10	..	..	..	2	3
Coal Clough	89	5	7	23	5	14	..	..	..	3	6
Habergham	26	1	1	4	2	4	..	..	..	1	3
Hargher Clough	42	2	3	7	2	9	..	..	1	2	2
Healey Wood	23	..	1	2	1	6	..	..	..	..	..
Heasandford	73	3	2	8	..	8	..	..	..	1	2
Holy Trinity	105	5	2	17	3	30	..	..	..	3	3
Lane Head.....	12	1	..	2	1	..	..	..	..	..	..
Red Lion Street	33	3	..	5	..	5	..	..	1	..	1
Rosegrove	61	2	1	6	1	3	..	..	..	..	2
St. Andrew's	39	2	1	7	1	6	..	..	..	..	2
St. Augustine's	2	..	..	..	..	..	..	..	..	..	..
St. James'	24	2	..	5	1	6	..	..	..	..	2
St. John's, Ivy Street....	8	1	..	..	..	1	..	..	..	..	..
St. Mary's	74	4	..	8	..	13	..	..	..	1	2
St. Mary Magdalene's ..	33	1	..	5	..	5	..	..	..	1	1
St. Paul's	13	1	..	1	..	2	..	..	1	..	1
St. Peter's	31	2	1	5	..	9	..	..	..	..	..
St. Stephen's	36	2	1	6	..	1	..	..	..	..	4
St. Thomas'	14	..	..	2	1	9	..	..	..	..	..
Stoneyholme	101	5	1	17	4	25	..	..	1	2	2
Todmorden Road	81	1	3	10	..	11	..	..	..	5	2
Wood Top	21	..	..	6	3	3	..	..	..	1	..
Total	1211	50	34	183	28	210	..	..	4	28	46

DEFECTS:—The following are tabulated statements of the defects found in children of various ages attending school, with the after history of each as far as obtainable. Many of these defects were in children who were not submitted for routine inspection as entrants, seven year olds, or leavers, but were brought forward by the teacher who had discovered the defect.

Want of Cleanliness:—Total 176.

Ages.	4	5	6	7	8	9	10	11
	2	44	14	105	4	1	3	3

DEFECT:—

Nits 146

Dirty Heads 23

Dirty Body 7

AFTER HISTORY:—

Quite clean 108

Improved 20

Left School 18

Quite clean 19

Improved 2

Left school 2

Quite clean 3

Improved 2

Not improved 1

Left school 1

Diseases of the Eye:—Total 57.

Ages.	5	6	7	8	9	10
	16	4	34	1	1	1

DEFECT:—

Nystagmus 1

Blepharitis 16

AFTER HISTORY:—

Cured by glasses 1

Cured 8

Improved 2

Not improved 2

Left school 4

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DEFECT:—		AFTER HISTORY:—	
Conjunctivitis	6	Cured	6
Corneal Ulcer	4	Cured	4
Corneal Opacity ...	5	Treatment not required ...	4
Squint	23	Left school.....	1
		Cured by glasses	1
		Treated by glasses	2
		Not treated	2
		No improvement	1
		Treatment not required ...	3
		Left school.....	14

OTHER DEFECTS.—2.

Congenital Cataract	1
Deformity of Globe	1

Defective Vision.—176.

Ages.	5	7	Over 7	Leaving School.
	1	53	73	49

AFTER HISTORY:

Obtained glasses or other treatment	37
Nothing done	66
No after history obtainable	24
Left school to go to work	49

Diseases of Nose and Throat :—Total 58.

Ages.	5	6	7	8
	18	8	30	2

DEFECT:—		AFTER HISTORY:—	
Enlarged Tonsils and " Adenoids "	58	Cured without operation ...	16
		Operation	13
		Improved	15
		Not improved	2
		Left school.....	12

Diseases of the Ears :—Total 28.**Education Report.**

Ages.	5	6	7	9	10
	13	1	11	1	2

DEFECT :—

Otorrhœa

27

AFTER HISTORY :—

Cured

11

Improved

15

Left school.....

1

Deafness

1

Improved

1

Enlarged Cervical Glands :—Total 68.

Ages.	5	6	7
	23	3	42

DEFECT :—

Enlarged Glands ...

68

AFTER HISTORY :—

Cured

37

Improved

14

Not improved

2

Left school.....

15

Skin Diseases :—Total 57.

Ages.	3	4	5	6	7	8	9	10	11
	1	1	24	6	16	3	1	3	2

DEFECT :—

Sore Head

23

AFTER HISTORY :—

Cured

20

Improved

2

Left school.....

1

Ringworm

21

Cured

20

Under treatment

1

Impetigo

3

Cured

3

Ecrema

9

Cured

7

Dermatitis

1

Improved

2

Not improved

1

Deformities :—Total 42.

Ages.	5	6	7
	18	6	18

RICKETS, 25.**PARALYSIS, 6 :—**

Infantile	3
Congenital	2
Ptosis	1

DEFORMED JOINTS, 2 :—

Accident	1
Disease	1

OTHER DEFORMITIES, 9 :—

Chest (Congenital)	1
Chest (Constitutional)	1
Club Foot	2
Cleft Palate	1
Hernia.....	2
Genital Organs	1
Absence of Anal Sphincter	1

Other Defects :—Total 52.

Ages.	5	6	7	9
	23	3	25	1

DEFECT :—**HEART DISEASE ... 23****AFTER HISTORY :—**

Murmur disappeared	5
Improved	1
Condition the same	16
Left school.....	1

The nature of the heart affections were Mitral Murmur, 17 ; Irregular Action, 5 ; Dilatation, 1.

CHOREA 2

Cured	1
Improved	1

ANAEMIA..... 4

Cured	3
Improved	1

DEFECT :—		AFTER HISTORY :—		Education Report.
BRONCHITIS	10	Cured	8	
		Doctor attending	1	
		Left school.....	1	
FIBROID LUNG	1	No change.		
PLEURISY	1	Cured.		
SPINAL CARIES	1	Under treatment.		
QUINSY	1	Doctor attending.		
MENTAL DEFICIENCY	1	None.		
TEETH	8	Improved	5	
		Left school.....	3	

In addition to these there are a number of children with defects who were examined towards the end of the year, the after history of whose defects was not obtainable. The details of these are as follows :—

Want of Cleanliness :—Total 55.

Ages.	5	6	7	8	9	10	11	12
	11	1	34	4	1	2	1	1

Nits, 43. Dirty Head, 11. Dirty Body, 1.

Diseases of the Eyes :—Total 4.

Ages.	7	10	12
	2	1	1

Blepharitis, 1. Corneal Ulcer, 1. Conjunctivitis, 2.

Diseases of Nose and Throat :—Total 54.

Ages.	3	5	6	7	8	11
	1	18	4	29	1	1

Enlarged Tonsils, 54.

Diseases of the Ears :—Total 10.

Ages.	5	6	7	8	9
	5	1	2	1	1

Otorrhœa, 4. Deafness, 6.

Enlarged Cervical Glands :—Total 33.

Ages.	5	7	8
	12	19	2

Skin Diseases :—Total 16.

Ages.	3	5	7	8	9
	2	4	6	3	1

Ringworm, 7. Eczema, 2. Impetigo, 2. Sore Head, 5.

Deformities :—Total 3.

Ages.	5	7
	2	1

Rickets, 3.

Other Defects :—Total 12.

Ages.	5	9	11
	7	4	1

Teeth, 2; Heart, 2; Tubercular Peritonitis, 1; Mentally Deficient, 1; Bronchitis, 4; Chorea, 1; Stomatitis, 1.

Part II.—WORK OUTSIDE SCHOOL.

Education
Report.

THE INSPECTION OF ABSENTEES.—Every Tuesday afternoon the Medical Officer has inspected at his office those children absent from school on account of alleged sickness, and who have not presented a certificate from a medical man. After inspection, leave of absence from school is granted to these children by the Medical Officer for periods varying with the nature of their illness.

Records of all the cases are kept both in a register and on separate cards for each child.

The following is a tabulated statement of the nature of the various ailments for which these children were presented to the Medical Officer, and the history of each as far as obtainable. The actual steps taken by this Department in dealing with these children is shown under the headings of School Nurse and School Visitor.

The total number of children presenting themselves for this inspection was 798, and of this number 75 were sent to school as they did not show any disability or that it was of a very slight nature. Of the remainder, 55 had such trivial ailments that only a few days leave was given; these trivial cases are not shown in the following statement. Apart from these, 2015 examinations were made of 629 children, who presented 668 ailments.

SUMMARY OF DEFECTS FOUND.

Chest Complaints	38
Tuberculosis	15
Heart Disease	17
Anæmia and Debility	71
Diseases of Throat	16
Enlarged Glands	6
Diseases of the Eye	73
Diseases of the Ear	10
Rheumatism	4
Chorea.....	12
Epilepsy	5
Ringworm	114
Sore Head	137
Dirty Head	19
Impetigo	66

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Other Skin Diseases	8
Infectious Diseases	16
Abscesses	22
Deformities	9
Other Defects	10
	—
Total	668
	—

DETAILS OF THE DEFECTS.

Chest Complaints :—38.

Ages.	5	6	7	8	9	10	11	12	Not stated.
	12	3	2	4	5	4	4	2	2

Diseases :—

Bronchitis	11
Signs of other diseases of Lungs	22
Pleurisy	3
Fibroid Lungs	2

Results of after examination :—

Cured	26
Improving	3
Condition the same	6
Not attending school (Phthisis)	2
No after history	1

Tuberculosis :—15.

Ages.	5	7	8	9	10	11	12	13
*	1	2	4	1	2	1	1	3

Diseases :—

Hip	4
Knee	2
Elbow	1
Jaw	1
Spine	2
Peritoneum	4
Meninges.....	1

Results of after examination :—

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Cured	8
Active	7

The active cases were either attending Hospital or being treated at home by their own medical man.

Heart Disease :—17.

Ages.	5	7	8	9	11	12	13
	1	2	1	1	5	5	2

Nature of the Disease :—

Dilated	9
Mitral Disease	6
Irregular action	1
Pericardial murmur	1

After History :—

Attending Hospital	1
Attended by private medical man	5
Treatment not recommended	8
Slight improvement	1
Died	1
No history	1

Anaemia and Debility :—71.

Ages.	5	6	7	8	9	10	11	12	13	14
	3	6	11	6	10	6	9	12	7	1

Causes :—

Congenital	5
Rickets	1
Ear Disease	1
Kidney Disease	2
Infantile Paralysis	1
Previous illness	1

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Measles	1
Rheumatism	3
Operation	2
Pneumonia	1
Hip Disease	1
Bronchitis	1
Mental Disease	1
Incontinence	1
Accident	1
Causes not discovered	10
Slight cases	38

Results of after examination :—

Slight	38
Doctor attending	24
—	—
Total cured	62
Improving	1
Hospital	1
Congenital	5
No history	2

Diseases of the Throat :—16.

Ages.	5	6	7	9	10	11	12	13
	3	1	1	1	2	4	1	3

Diseases :—

Septic Throat	1
Enlarged Tonsils	2
Sore Throat	7
Quinsy	6

Results of after examination :—

Slight cases	9
Attended by doctor	4
Operation	2
—	—
Total cured	15
No history	1

Enlarged Glands :—6.Education
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Ages.	6	7	10	11	13
	1	2	1	1	1

After History :—

Doctor attending	2
Home treatment	2
Total cured	4
No improvement	1
No history	1

Diseases of the Eye :—73.

Ages.	5	6	7	8	9	10	11	12	13
	8	6	11	9	10	12	11	5	1

Diseases :—

Blepharitis	7
Conjunctivitis	53
Corneal Opacity	5
Corneal Ulcer	8

After History :—

Slight cases	22
Doctor attending	32
Attending Hospital	11
Home treatment	4
Workhouse	1
—	
Total cured	70
No treatment advised	3

Diseases of the Ear :—10.

Ages.	5	6	8	9	10
	3	1	1	2	3

Diseases :—

Otorrhœa	7
Mastoid	2
Deafness	1

Result of after examination :—

Under doctor.....	4
Treated at Hospital.....	2
Home treatment	3
Total cured	9
No History	1

Rheumatism :—4.

Ages.	8	9	11	12
	1	1	1	1

Results :—

Attended by medical man	3
Attending Hospital	1

Two were apparently cured when seen afterwards and two appeared to be suffering from a chronic form of the disease.

Chorea :—12.

Ages.	5	6	7	9	11	12	13
	2	2	1	2	2	2	1

Boys, 4. Girls, 8.

Results of enquiry and after examination :—

Attended by medical man	6
Attending Hospital	1
Treated by Herbalist	1
No History	1
Gone full time	2
Not cured at end of year (no treatment)	1

Epilepsy :—5.Education
Report.

Ages.	8	9	10
	2	1	2

Boys, 2. Girls, 3.

Ringworm :—114.

Ages.	4	5	6	7	8	9	10	11	12	13
	3	18	24	22	18	11	9	5	2	2

Scalp, 108.

Other parts of the Body, 6.

Length of Leave Granted :—Scalp.

1 week.	2 weeks.	3 weeks.	1 month.	2 months.	3 months.	4 months.	Over 4
7	2	2	27	28	17	10	15

Length of Leave Granted :—Other parts of the Body.

2 weeks.	3 weeks.
5	1

All the above cases of Ringworm were cured with the exception of 11, who attended the office at the end of the year and were not cured during the period covered by this report.

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Sore Head :—137.

Ages.	Not stated.	4	5	6	7	8	9	10	11	12	13
	1	2	18	20	25	15	22	15	10	6	3

Length of Leave Granted :—

1 week.	2 weeks.	3 weeks.	4 weeks.	Over 1 month.
45	42	34	14	2

Of the above, 11 were attended by a medical man, and in one case no history was obtainable.

The term Sore Head includes Impetigo of the Scalp, Eczema Capitis and Seborrhœa.

Dirty Head :—19.

Ages.	5	6	7	8	9	10	11	12	13
	2	2	2	1	3	2	4	2	1

Length of Leave granted :—

1 week.	2 weeks.	3 weeks.	1 month.	Over 1 month.
6	6	1	3	3

Impetigo of Face :—66.Education
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Ages.	5	6	7	8	9	10	11	13
	12	10	14	8	11	4	6	1

Length of Leave granted :—

1 week.	2 weeks.	3 weeks.	1 month.	Over 1 month.
23	13	14	15	1

Other Skin Diseases :—8.

Ages.	5	7	8	10	12
	2	2	2	1	1

Disease :—

Alopecia	1
Pityriasis	1
Eczema	5
Dermatitis	1

Four of the above were attended by a medical man, the rest were treated by the parents.

Infectious and Contagious Diseases :—16.

Ages.	5	6	7	8	11	12	13	Not stated.
	2	4	3	2	1	2	1	1

Diseases :—

Whooping Cough	5
Mumps	1
Scabies (Itch)	10
All these recovered and were sent to school.	

Abcesses and Wounds :—22.

Ages.	5	6	7	8	9	10	11	12
	4	3	5	3	1	1	4	1

Situation of Abcess :—

Scalp	8
Neck	5
Ear	1
Alveolar	1
Groin	2

Wounds and Burns :—

Hand	1
Finger	1
Foot	2
Burn	1

All these recovered and were sent to school.

Deformities :—9.

Ages.	5	6	7	8	9	13
	2	2	2	1	1	1

Nature of Deformity :—

Hernia.....	1
Rickets	5
Deformed Hip	1
Absence of Anal Sphincter	1
Deformed Chest	1

Results of enquiries :—

Doctor attending	3
No change	1
No history	5

Other Defects :—10.

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Ages.	6	7	8	9	11	13
	2	1	2	1	3	1

Disease :—

Jaundice	2
Periostitis	3
Incontinence of Urine	2
Herpes	1
Boils	1
Paraplegia	1

Two of the above were attended by a medical man.

Some of the children shewn in the foregoing lists of Tuesday cases will also be shewn in the lists of those found in the schools, as the defects of some were pointed out by the Medical Inspector at the schools, with directions that they should attend at the office for further inspection.

VISITATION OF HOMES OF SCHOOL CHILDREN.

SCHOOL VISITOR.—One of the three Health Visitors employed by the Public Health Department has been detailed as School Visitor.

As will be seen from the tabulated statement of the Visitor's work, the object of visiting has been chiefly to see that medical attention has been procured for those children requiring it, or in the case of dirty children to see that they received attention.

No. of cases visited	409	
No. of visits paid	737	
Nature of Case.	No.	No. of Visits.
Dirty body and clothes	21	... 36
Dirty heads :—		
Lice	45	... 79
Nits	83	... 90
Neglected	1	... 1
To make enquiries as to general health	4	... 8
To tell parents to bring children to office	2	... 2
Tonsils and "Adenoids"	63	... 144
Enlarged glands	2	... 5
Tonsilitis	1	... 2
Otorrhœa	11	... 22
Skin Diseases	27	... 64
Rickets	2	... 7
Anæmia	2	... 8
Abscess of neck	3	... 5
Swollen knee	2	... 8
Incontinence of urine	2	... 4
Chorea	2	... 4
Epilepsy (enquiries)	2	... 3
Eye affections	38	... 149
Enquiries as to treatment for defective vision	90	... 90
Wrong addresses.....	6	... 6

Details of the cases visited :—

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“ADENOIDS” AND TONSILS, 9.

Treated by Medical man and cured.....	1
Treated at Hospital and cured.....	3
Parents refused to have operation	1
Still on books	4

ENLARGED TONSILS, 37.

Treated by Medical man and cured	4
Treated at Hospital and cured.....	3
Receiving treatment from Medical man at time of visit	6
Parents refused to have child operated upon	5
Still on books	19

“ADENOIDS,” 17.

Treated by Medical man and cured	2
Treated at Hospital and cured.....	2
Receiving treatment from Medical man at time of visit	2
Still on books	11

ENLARGED GLANDS, 2.

Treated by Medical Man	2
------------------------------	---

TONSILLITIS, 1.

Treated by Medical man	1
------------------------------	---

OTORRHOEA, 11.

Treated by Medical man	7
Treated at Hospital.....	1
Treated at home	2
Refused to see Visitor	1

SKIN DISEASES, 27.

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RINGWORM, 13.

Treated by Medical man	3
Treated by Chemist.....	10

SCABIES, 12.

Treated by Doctor and cured	5
Treated by Chemist and cured.....	7

ECZEMA, 1.

Treated by Medical man and cured	1
--	---

TUBERCULAR, 1.

Treated by Medical man and improving...	1
---	---

RICKETS, 2.

Parents refuse to allow treatment	2
---	---

ANAEAMIA, 2.

No treatment	2
--------------------	---

ABSCESS OF NECK, 3.

Treated by Medical man	1
Treated at Hospital.....	1
No treatment	1

SWOLLEN KNEE, 2.

Treated by Medical man	1
Treated at Hospital.....	1

INCONTINENCE OF URINE, 2.

Treated by Medical man	1
Treated by Herbalist	1

CHOREA, 2.

Treated by Medical man, much improved...	1
Parent refused to allow treatment	1

EPILEPSY, 2.

Had been attended by Medical man.....	2
---------------------------------------	---

Ninety special visits were paid to children suffering from defective vision in order to ascertain what steps had been taken.

SCHOOL NURSE.—The arrangement with the Burnley and District Nursing Association has been continued for the supply of a nurse to visit school cases. During the year the nurse was changed at the end of each quarter, but in future it is intended that the same nurse shall do the work all the year

Education Report.

The Nurse attends at the Medical Officer's office when the weekly inspection of absentees takes place. She then receives instructions regarding visitation, and in those cases requiring medical attention she is instructed to see that the parents obtain that assistance. The Nurse is instructed also that she must not undertake any treatment nor must she advise any form of treatment.

It will be seen from the nature of the cases visited that all are of a minor character and that cleanliness is really the essential part of the treatment, and it is this that she is instructed to obtain by her help and advice.

It will be noticed that the Nurse has visited a certain number of dirty children. These are children with dirty heads and the Nurse has visited these because there is either no mother or the illness of the mother or other person having charge of the children has accounted for their condition.

No. of cases visited		351
No. of visits paid		6835
	No. of	
Nature of Case.	No.	Visits.
Ringworm	83	... 1922
Sore head (Suborrhœa, Impetigo, Eczema)	140	... 1620
Impetigo of face.....	71	... 738
Ear disease (Otorrhœa)	12	... 846
Eye diseases (Conjunctivitis and Blepharitis)	26	... 1245
Eczema	5	... 153
Dirty head (Nits)	9	... 157
Abscesses	5	... 107
Poisoned wounds	5	... 47

A comparison with last year's figures will show the great increase of this branch of school work.

Fifty-three of the Nurse's cases were sent direct from the schools and 298 were those who presented themselves at the Tuesday Inspection of Absentees.

Part III.—SCHOOL AGE IN RELATION TO PUBLIC HEALTH.

A glance at the tabulated statements of diseases met with in school and those met with among the absentees shows the infrequency of diseases of a serious nature. The numbers given in these statements do not represent the whole of the cases of defects or illness however, for some being attended by private medical men and certified by them never come under the notice of the Medical Officer, but it may be taken that these will represent a very small number.

DEATHS.—The deaths of children between the ages of 5 and 15 total 68, of which 3 were due to Consumption and 5 to other forms of Tuberculosis ; 8 were due to diseases of the lung apart from consumption, and 15 were due to infectious diseases.

INFECTIOUS DISEASES.—The compulsory notifiable diseases amongst school children notified to the Medical Officer of Health were as follows :—

Disease.	Total notified.	Age		Deaths	
		5-15.	5-15.	5-15.	5-15.
Scarlet Fever	262	.....	147	.....	0
Diphtheria	139	.....	72	.....	11
Typhoid Fever	29	.....	8	.....	1
Phthisis	194	.....	5	.....	3
Erysipelas	108	.....	8	.....	0

A table showing the distribution of these children as regards the schools attended is given later.

The non-notifiable infectious diseases notified from the schools are measles, mumps, whooping cough, and chicken-pox. A table is given showing the numbers notified by the teachers from each of the schools.

The most serious disease affecting school children of an infectious nature is measles, and during the latter part of the year a somewhat severe epidemic affected the whole of the town. A reference to the Medical Officer's Report on the health of the Borough will show the distribution and the severity of this disease.

Much discussion has arisen on the subject of measles and much has been said and written regarding the necessity or otherwise of closing schools during an epidemic. In a former School Medical Report advice on this matter was reprinted from a publication issued jointly by the Board of Education and the Local Government Board. This advice has been followed here, and from very close observation it appears that the procedure there recommended is the best.

Careful inspection of the individual members of classes in Infants' Departments known to have been exposed to infection were made at a time when signs of the disease would have been manifest if the children had contracted the disease, but in no case was any child found with the signs of measles.

The teachers were instructed to look for the earlier signs of the disease and to send children home who presented any of these signs. The following circular was issued by the Director of Education :

BURNLEY EDUCATION COMMITTEE.

SCHOOL CHILDREN AND INFECTIOUS DISEASES.

Education Report.

The attention of Principal Teachers and Class Teachers is directed to the following hints for the detection amongst school children of infectious diseases, and for the isolation of the patient. The circular has been prepared by the School Medical Officer for the County Borough of Burnley (Dr. Holt), as a help to teachers, and in the hope that it may be found possible by their aid to lessen greatly the spread of infection and the frequent recurrence of epidemics of Measles, &c.

Teachers are requested to preserve this circular, and to have it constantly at hand for consultation. Class Teachers should report to and consult with the Principal Teachers when signs of infectious disease appear. The Principal Teacher should immediately report and seek the advice of the School Medical Officer **before infection has had time to spread.**

MEASLES.

Measles is a very infectious disease affecting young children. The length of time elapsing between exposure to infection and the onset of the disease is usually twelve days (Incubation). At the end of this period the child commences with all the symptoms of a very feverish cold (Onset), sneezing, coughing, running nose and watery eyes. After a few days of this the rash breaks out, first on the face in red irregular blotches, and afterwards all over the body.

The disease is very infectious between the onset and the appearance of the rash, and **it must always be remembered that the infection is conveyed by the discharges from the nose, throat, and eyes.**

To guard against measles in the School it is best, when any child presents the usual symptoms of a cold, to separate it as far as possible from the others. Sneezing is probably the most frequent means of conveyance of the disease from one to another, and for that reason it would be as well to place the child so that it could not possibly infect others by sneezing or coughing. Of course if the cold is a very severe one the child should be sent home at once.

SCARLET FEVER.

Scarlet Fever is not frequently seen in school in its early stages, for as a rule the onset is somewhat severe. It affects young children mostly, and often commences with vomiting. There is feverishness, and in the course of some hours a rash appears on the body.

The later stage of this disease is more important as regards school, for it frequently happens that in mild and therefore undetected case of Scarlet Fever children appear at school before they are quite free from infection. The infectious material at this later stage is the loose skin that is being thrown off (desquamating, peeling). This desquamation is seen on the hands, more especially on the fingers. Children of course should not be allowed at school when they are peeling.

WHOOPING COUGH.

Whooping Cough is the name given to a spasmodic and periodic cough which is very violent and is characterized in well marked cases by a peculiar whooping sound made by violent indrawing of the breath. This disease commences in a child with what appears to be an ordinary cough, due to a cold. This cough gradually becomes worse, being more violent and spasmodic, and it takes on a periodic character. It is now that the characteristic whooping is noticed. An attack of whooping cough as a rule lasts for several weeks.

MUMPS.

There is pain **just below the ear** on one side. This is followed by a swelling **which extends forward to the cheek and backward behind the ear.** This is followed by a similar pain and swelling on the other side.

RINGWORM.

Owing to the presence of a parasite in the hairs, they are killed and in course of time fall out, leaving either thin scurfy places or bare patches. The presence therefore of any bare patches or a scurfy condition of the scalp should warn the teacher to have the opinion of the Medical Officer as to the safety or otherwise of allowing the child to mingle with others.

EXCLUSION FROM SCHOOL. MEASLES.

The procedure recommended by the Local Government Board and the Board of Education, and authorised by the School Medical Officer, is as follows :—

If measles breaks out in a household, all the children of the same household who attend the Infant School must be excluded from School until 21 days from the date of onset of the illness of the last patient with measles in the house. Children attending the Upper Departments **who have not had measles** must also be excluded as above.

GENERAL.

It should be remembered that advice and instruction may always be sought by teachers from the School Medical Officer, who should be consulted in any case of doubt or of difficulty.

A. R. PICKLES,
Director of Education.

Measles caused three deaths at school age. Though not a very fatal disease of school children, it affects the attendance probably more than any other disease, because of the large numbers attacked.

The most serious disease during the year, of a fatal nature, was diphtheria which caused eleven deaths. It will be found on a reference to the table that though the infectious diseases are distributed over the whole of the town, the Burnley Lane schools provided the great bulk of the Scarlet Fever cases—96 out of 160—and Burnley Wood and Fulledge 30 cases of Diphtheria out of 61.

A list of houses where there are persons suffering from infectious diseases is sent weekly from the Public Health Department to the Education Office in order that the Attendance Officers may see that no child attends school from an infected house.

Table IX.—Showing number of Cases of Notifiable Infectious Disease, and the Schools these children attended.

SCHOOL.	Scarlet Fever.		Diphtheria.		Typhoid Fever.		Erysipelas.		Total.	
	Under 5	Over 5	Under 5	Over 5	Under 5	Over 5	Under 5	Over 5	Under 5	Over 5
Abel Street	4	39	..	2	..	1	..	..	4	42
Back Lane .....	..	..	..	..	..	..	..	..	..	..
Burnley Wood	3	3	..	5	..	..	..	..	3	8
Claremont .....	..	..	..	..	..	..	..	..	..	..
Coal Clough .....	..	2	..	4	..	..	..	..	..	6
Fulledge .....	..	2	3	11	..	2	..	..	3	15
Habergham	2	1	1	2	..	..	..	..	3	3
Healey Wood	2	6	..	..	..	..	..	..	2	6
Heasandford	5	34	..	1	..	..	..	..	5	35
Holy Trinity ....	..	4	..	5	..	1	..	..	..	10
Lane Head	1	2	1	4	..	..	..	..	2	6
Lowerhouse .....	..	..	..	..	..	..	..	..	..	..
Pickup Croft ....	..	..	..	1	..	..	..	..	..	1
Red Lion Street ..	..	2	..	..	..	..	..	..	..	2
Rosegrove .....	..	3	..	8	..	..	..	..	..	11
Sandygate .....	..	..	..	1	..	1	..	1	..	3
St. Andrew's	2	12	..	..	..	..	..	..	2	12
St. Augustine's ...	..	..	..	..	..	..	..	..	..	..
St. James' .....	..	2	..	1	..	..	..	..	..	3
St. John's, Ivy St.	..	3	..	..	..	..	..	..	..	3
St. John's, Gannow	..	1	..	1	..	..	..	..	..	2
St. Mary's	1	..	1	2	..	1	..	1	2	4
St. Mary Magdalene	..	3	..	..	..	..	..	1	..	4
St. Paul's .....	..	..	..	..	..	..	..	..	..	..
St. Peter's .....	..	2	..	1	..	..	..	..	..	3
St. Stephen's	1	5	..	1	..	..	..	..	1	6
St. Thomas'	1	..	1	..	..	..	..	1	2	1
Stoneyholme .....	..	6	1	1	..	..	..	..	1	7
Todmorden Road ..	..	1	..	7	..	..	..	..	..	8
Whittlefield	2	2	..	..	..	1	..	..	2	3
Wood Top .....	..	1	..	3	..	..	..	..	..	4
Total	24	136	8	61	..	7	..	4	32	208

Table X.—Showing number of cases of Disease notified from the various Schools during the year 1911.

SCHOOL.	Measles.	Whooping Cough.	Chicken-pox.	Mumps.	Other Diseases.	Total.
Abel Street	46	..	..	1	36	83
Back Lane	19	..	..	..	..	19
Burnley Wood	98	1	..	2	6	107
Claremont	4	..	..	1	8	13
Coal Clough	49	..	..	..	..	49
Fulledge .....	..	..	..	..	..	..
Habergham	26	..	17	1	4	48
Hargher Clough ..	..	..	..	..	..	..
Healey Wood	5	..	..	..	..	5
Heasandford	3	1	..	..	9	13
Holy Trinity	56	23	1	1	17	98
Lane Head.....	..	..	..	..	..	..
Lowerhouse	1	..	..	..	..	1
Pickup Croft ....	..	..	..	..	..	..
Red Lion Street ..	13	4	8	1	2	28
Rosegrove	1	..	..	..	1	2
St. Andrew's	21	15	..	5	9	50
St. Augustine's ..	..	..	..	..	..	..
St. James'	24	..	1	2	..	27
St. John's, Ivy St.	..	..	..	..	..	..
St. John's, Gannow	24	12	13	4	8	61
St. Mary's	3	..	..	1	6	10
St. Mary Magdalene	33	..	3	..	1	37
St. Paul's .....	..	..	2	..	..	2
St. Peter's	48	9	1	..	2	60
St. Stephen's	32	1	..	..	4	37
St. Thomas' .....	..	..	..	..	..	..
Stoneyholme	115	1	..	4	8	128
Todmorden Road ..	1	..	..	1	5	7
Whittlefield	34	..	17	1	2	54
Wood Top	17	..	..	..	1	18
Total	673	67	63	25	129	957

**Part IV.—PHYSICAL CONDITION
OF THE CHILDREN.**

The figures in the following Table relating to Heights and Weights of Children in Great Britain, are taken from Tables given in the Report of the Royal Commission on Physical Training (Scotland) which was issued in 1903 :—

AGE LAST BIRTH- DAY.	HEIGHT IN INCHES.				WEIGHT IN LBS.			
	GREAT BRITAIN.		BURNLEY.		GREAT BRITAIN.		BURNLEY.	
	Number Inspected.	Average Height.	Number Inspected.	Average Height.	Number Inspected.	Average Weight.	Number Inspected.	Average Weight.
5	167	39.72	505	40.8	164	40.9	505	38.5
7	264	44.60	777	45.3	205	50.7	777	45.8
12	194	53.72	531	54.8	146	73.0	531	73.6
13	614	55.81	68	54.9	640	79.0	68	75.1

GIRLS.								
5	104	39.77	457	40.6	108	40.3	457	37.7
7	96	43.56	821	43.1	99	46.2	821	44.4
12	93	53.98	519	55.5	183	74.9	519	72.1
13	58	56.22	90	55.6	65	84.9	90	76.3

These figures do not show any great change from last year, and it will be noticed that the table is somewhat different from that of last year. In 1910 all the ages from 3 to 7 are given, but last year no children under 5 were weighed or measured.

If we compare the heights and weights in Burnley with a table in the appendix which is a recent compilation, the following comparisons are shown:—

BOYS.—HEIGHTS.						
Age.	England.	County Areas.	Urban Areas.	North of England.	South of England.	Burnley.
5	40.5	40.6	40.4	40.3	40.7	40.8
7	45.1	45.4	45.0	44.9	45.3	45.3
13	56.1	56.1	56.0	55.7	56.6	54.9
GIRLS.—HEIGHTS.						
Age.	England.	County Areas.	Urban Areas.	North of England.	South of England.	Burnley.
5	40.4	40.5	40.1	40.1	40.8	40.6
7	44.8	45.1	44.6	44.4	45.2	43.1
13	56.9	57.1	56.7	56.5	57.3	55.6
BOYS.—WEIGHTS.						
Age.	England.	County Areas.	Urban Areas.	North of England.	South of England.	Burnley.
5	38.6	39.0	38.1	38.5	38.6	38.5
7	46.6	47.2	46.2	46.6	46.7	45.8
13	77.3	77.7	77.1	76.8	78.1	75.1
GIRLS.—WEIGHTS.						
Age.	England.	County Areas.	Urban Areas.	North of England.	South of England.	Burnley.
5	37.8	37.9	37.2	37.4	37.9	37.7
7	45.1	45.4	44.9	45.0	45.1	44.4
13	79.9	80.9	79.1	79.4	80.5	76.3

From these figures it will be seen that boys and girls at the age of five are above the average both for height and weight. At seven years of age boys and girls are below the average of weight ; the girls of the same age are below in height also. The most marked difference, however, is at 13 years of age, and here the South of England shows distinctly bigger figures. Probably this may be accounted for by a somewhat earlier development of the children in the South than in the North.

It is not very safe to draw any definite conclusions from figures of heights and weights as so many factors arise to cause variations.

Nutrition.—No standardization of nutrition has been attempted when inspecting the children, as the only value of such standardization can be by comparisons with former years. Such comparisons can have very little value unless the inspections are made year after year by the same inspector. Generally speaking, the nutrition has been considered to be good. Thus only four at routine inspections were found to be badly nourished apart from those who had some definite affection which was the obvious cause of the badly nourished condition. The four who distinctly had the appearance of being badly nourished were suffering from anæmia and subsequent inspection of these children showed that they quite recovered.

A number of poorly nourished children appeared at the weekly inspection of absentees, 71 in all, of which 38 were slightly so, and in a tabulated statement of defects will be seen the causes, as far as obtainable, of this condition. In the record of after history it will be seen how far this defect was of a passing character.

No child came under the notice of the Medical Officer suffering, as far as could be ascertained, from actual want of food, nor does it appear very likely that this state of affairs obtained to any great extent, for the sum of £78 only was expended by the Education Authority on meals for the children between the months of March and December of 1911. The figures for the first three months of the year were very high owing to a large number of parents being out of work in consequence of some trade dispute.

Rickets is regarded as a disease of malnutrition and in the children inspected there were 21 under five and 25 over that age at school. At the Tuesday inspection 5 attended who were deformed by this complaint.

Rickets is a disease which affects infants in the first or second year of their lives. It leads to softening of the bones and it is the manifestations of this softening that are usually met with by the Medical Inspector. The bones usually deformed are those of the lower limbs leading to the conditions known as "knock-kneed" and "bow-legged." In the more serious cases there is deformity of the spine and the ribs, which leads to an interference with the proper action of the lungs and consequent impairment of health. The deformity of the chest is known by the name of "pigeon breast" and 3 of the children inspected at school were in this condition.

Want of Cleanliness.—The figures do not show any improvement on last year. The figure, however, is really better than it at first appears, for the standard of cleanliness required by the Medical Inspector has been raised. The after history of the children with nits, etc., shows how efficient the supervision has been.

Clothing and Footgear.—At the time of inspection the numbers shewing defective clothing or footgear were very slight. This does not represent the actual state of affairs as is shown by Table IV., which gives the result of enquiries from the teachers after the child has been at school for some time. On inspection of entrants at five years of age the Medical Inspector found the clothing of two only to be very unsatisfactory, and the footgear in all cases good, whereas at a later date 63 were found whose clothing was unsatisfactory and 24 with footgear in the same condition.

Sore Heads.—In the schools 23 children were found to be suffering from sore heads and at the weekly inspection of absentees 137 presented themselves. In almost all cases this affection is owing to want of attention on the part of those having charge of the children. The condition here referred to includes Impetigo, Eczema Capitis and Seborrhoea, which are given in the order of their frequency. Though the figures tend to show a diminution on last year a very definite comparison can not be made.

Ringworm.—This disease is one of the most important in school children, not from any dangerous quality it possesses, but because it is very contagious. It takes as a rule a very prolonged course, but after a few years it tends to die out and thus we do not see adults suffering from the complaint. Its importance during school life is owing to its effect on the attendance of the child at school; how greatly this attendance is affected will be seen on referring to ringworm in a former part of this report. There were 114 cases and the average time these children were away from school must have been at least three months each.

Ringworm is a parasitic disease. The parasite attacks the hairs, usually of the scalp, and causes them to fall out; the dead hairs that fall out are infested with the spores of the ringworm parasite and thus the disease is easily conveyed to other children. The chief element in the cure of this condition is the personal care devoted to the children on the part of those having charge of them. The usual treatment consists in the application of some germicidal substance usually in the form of ointment to the affected part of the scalp, and the removal of the dead hairs. This removal of the dead hairs is the most important part of the cure, for the disease is spread by them to other parts of the same scalp as well as to other children.

Beyond the fact that ringworm is so "catching," there is no necessity for children to stay away from school.

Impetigo.—This is a contagious disease affecting usually the face and is often associated with want of cleanliness. It is easily cured, as a rule, or rather it quickly heals if kept clean.

Eye Diseases.—On inspection at school there were 57 cases of eye diseases and at the Tuesday afternoon inspection 73. These diseases presented no special characteristics.

Vision.—The vision of the children of 7 years old and of those leaving has been tested by means of Snellen's Types. So much difficulty was found in carrying out the test with the ordinary types consisting of capital letters of varying sizes, that during the year a card with letters of the small variety was obtained and this gave much better results.

Of the 1598 children inspected at seven years of age, 53 were found with some condition either of squint or refraction that was considered to require attention. Seventy-three children were brought forward by teachers on account of apparently defective eyesight, and of 1211 children leaving 49 could not pass the test satisfactorily.

The parents of all these children were notified and the 66 who did not obtain the necessary treatment gave the following reasons to the School Visitor :—

Too poor to obtain glasses or treatment.....	39
Parents did not think glasses were necessary.....	19
Parents indifferent	3
Parents said their own medical man did not advise them to obtain glasses	5

Ears.—Total defects found at schools 28, at weekly inspection 10. Thirty-four of these were Otorrhæa or “running ears,” 2 were cases of deafness and 2 were cases that had been operated upon for mastoid disease.

Teeth.—Out of 1211 children leaving school 183 are shown as having defective teeth. This number refers to those children having four or more defective teeth. The figure is not comparable with last year's figures as all the children who had defects, however slight, were shown. Thirteen children were found whose general health was apparently suffering in consequence of the state of the teeth. In 5 of these cases the cervical glands were enlarged. The parents were communicated with and in 8 of the cases the dentist was consulted and the condition amended. In one case, though nothing had been done the condition was found to be much better at a subsequent examination. In the fifth case the parent was advised as to the condition of the teeth but the only result was a removal of the child from the school. Of three no after history could be obtained.

Enlarged Tonsils and ‘Adenoids.’—At the schools 58 children were found with enlarged tonsils or ‘adenoids’ or both. Only two of these were over seven years of age, which illustrates the fact that in many cases this condition tends to disappear as the child grows older. Sixteen were found at a later examination to have disappeared

under treatment and without operation, and 15 had improved without treatment. In none of these 58 children was there any affection of the chest discovered.

Enlarged Glands.—Sixty-eight children with enlarged glands were found on inspection, but in none of these was there any other evidence that these enlarged glands might be of a tubercular nature. At a subsequent examination 37 had quite disappeared and 14 were improving, so that it might fairly be assumed that 37 at least were not tubercular. Swollen glands is not often looked upon as a reason for keeping a child at home, hence the small number presented at the weekly inspection, of which one was of a distinctly tubercular nature.

Chest Complaints.—At the schools 10 children were found suffering from Bronchitis, one from Pleurisy, and one Consumption. At the weekly inspections 38 were presented. One of the latter is included in the 10 found at the schools suffering from Bronchitis, so that of 37, ten had Bronchitis, two had Consumption, and 25 were suffering from other abnormal conditions of the lungs.

Tuberculosis.—No child at school was found to be suffering from tuberculosis other than those mentioned under the headings of enlarged glands and chest complaints, but 15 presented themselves at the weekly inspection who were thought to be suffering either from the actual disease or its after effects. The seven who presented signs of the disease were all apparently improving.

Heart Disease.—At the school there were 25 cases. All these cases, as far as could be ascertained, were of a congenital nature. The same remark applies to the 17 found on the Tuesday afternoon inspection.

Part V.—GENERAL REMARKS.

School age should be the healthiest period of life and if the death rate is taken as a guide it is so in Burnley. The following figures show the death rates per thousand of population at the ages given of the people of Burnley for the year 1911 :—

Under 5	School age 5-15	15-25	25-35	35-45	45-55	55-65	Over 65
63.0	3.0	3.5	4.4	8.7	18.7	38.2	131.3

The only ailments that come under the notice of the Medical Officer are those of a minor nature or are such that allow the child to either attend school or to come to the office for inspection. A certain number of children must suffer from more serious complaints which do not come to the notice of the Medical Officer, but of these we have no accurate record. An endeavour was made to get such a record during the year but its incompleteness prevents the results from being given.

The number of children at school age who suffer from diseases of an acute and dangerous nature and not belonging to the class of notifiable infectious diseases is small.

It has been stated that where there is a high infantile mortality there must be high rates of sickness and disablement in school children and later on in adults, but this remark does not seem to apply in Burnley, for if we again take the death-rate as a guide to the amount of sickness, and the death rate in one of our most reliable guides, then Burnley ought to be quite at the top of the death rates, a position it has not occupied for at any rate five years past, though it has had the highest infantile mortality during that time.

The most serious diseases that come to the notice of the Medical Officer are those which are usually of a congenital nature as heart disease, epilepsy, and rickets, and tuberculosis in various forms. Of these diseases that of the heart appears to be the most important as regards numbers and gravity. Rickets, though providing a similar number of cases, is not so serious inasmuch as most of the children who have suffered from rickets in infancy completely recover as far as can be ascertained.

Tuberculosis, especially of the lungs, does not appear to play anything like the important part it does in after life. Only one case of consumption was found at the routine inspections and two at the Tuesday afternoon inspections. Five out of a total number of 194 persons notified to the Medical Officer of Health as suffering from consumption were at school age. In 1909 there were notified between the ages of 5 and 15 years 15 cases of consumption, and 9 died between those ages. In 1910 there were 13 notified and 6 died. In 1911 5 were notified with 3 deaths. As regards other forms of tuberculosis, in 1909 there were 9 children at school age who died of other forms of this disease, 7 in 1910, and 5 in 1911.

The death rates of consumption per thousand of population at the given ages is as follows :—

Year.	0-5.	5-15.	15-25.	Over 25.
1909.....	0.16	0.40	0.83	1.77
1910.....	0.24	0.22	0.77	1.62
1911.....	0.33	0.15	0.89	1.66
Average ...	.245	.265	.830	1.685

It is said that though Consumption is not common at school age there are certain conditions prevalent during school life that predispose to consumption in after life. This would appear to be very obvious. No evidence in its support, however, was obtainable from the results of enquiries from medical men who reported cases of consumption to the Medical Officer of Health. The assumption that measles in childhood is the starting point of consumption in adults is quite opposed to experience in Burnley. A condition resembling bronchitis is often the usual starting point of consumption in children. There were ten cases of this kind of bronchitis found at the schools

which were regarded with some suspicion, in eight of these all signs of the disease had disappeared at a subsequent examination. With reference to the examination of absentees, there were 38 who presented signs of disease of the lung, in six there was some suspicion that the disease might be consumption. This is leaving out one child whose subsequent history could not be obtained.

Concerning other forms of Tuberculosis, there were 7 children examined who showed active signs of tubercular disease. In all cases, however, they were either attending hospital or their own medical man and were improving.

If the usual signs of the disease are to be taken as a guide, consumption is not a common disease in children at school, and the other forms of tuberculosis though oftener met with than consumption, are not very prevalent. It has been pointed out many times that the diagnosis of consumption is not very easy and in very rare cases can the disease be diagnosed at one examination, and on that account no expression of opinion is here given regarding the children who presented signs of disease of the chest unless they were re-examined and in many cases re-examined on more than one occasion.

One of the minor ailments to which much attention had been given in recent years is enlarged tonsils and 'adenoids.' This condition is the result of an increase in size of what is normal tissue situated at and around the back of the mouth and nose. This enlargement, even if not operated upon, almost invariably disappears as the child grows older. It is only when the increase is sufficient to either cause obstruction to breathing or hearing, with the consequent mouth breathing and its ill effects, and deafness and ear disease, with its troublesome after effects, that it comes within the domain of medicine. To say that a mere enlargement alone of these structures is an incentive to the invasion of the body by the bacillus of tubercle is more than experience or our present knowledge justifies us in assuming. The usual manner of dealing with this condition is by the removal of the enlargement by cutting. Temporary enlargements are very common and require, as a rule, very little treatment, and of course do not require operative interference.

Ringworm has perhaps the most important effect on school life, but this is only in so far as it effects attendance. The most serious objection to the disease, apart from its effect on school attendance, is of an œsthetic nature, for there are no injurious after effects. The same remark applies in a lesser degree to impetigo and sore heads.

Caries of the teeth is very common and in a few cases the general health is apparently affected thereby. Decay of the teeth may and undoubtedly does at times cause disturbance of the general health, but whether many suffer from permanent ill effects is somewhat doubtful. This prevalence of decay of the teeth can hardly be considered as due to a constitutional cause but rather that the conditions of life call for food of such a nature that teeth are not essential to its efficient digestion. It is somewhat striking fact that the poorer children seem to have the better teeth. Caries of the teeth may predispose to consumption but the evidence seems to be very slight that it does so.

There are a large number of children who are unable to read the test types and 176 notices were sent out to parents. Of these 37 took the advice there given, of the rest 49 were children leaving school and therefore were not followed up. The difficulty in dealing with the defect is the indifference of the parents or the inability to convince them that spectacles are necessary.

Medical Attention and Other Measures for Dealing with the Defects.—The serious complaints are almost invariably dealt with by private medical men. In no case was any pressure on the parent required where the child urgently required attention. Acute illnesses only on one or two occasions came to the notice of the Medical Officer, and no child absent from school unless on the certificate of a medical man, could very well escape his notice.

It will have been seen that acute or serious illnesses are not very frequent and therefore do not require very much consideration, but that the minor ailments are from an education authority's point of view the most important. Thus ringworm caused the absence of 114 children for at least an average of three months each, sore heads caused the absence of 137 children for over two weeks each. Both these conditions are, as has been pointed out, ailments where cleanliness is practically the method of cure. In the case of ringworm a private medical man has, in the majority of cases, had charge of the case, and the school nurse has visited, with his knowledge, to see that the child received proper attention and **to help the mother** to give that attention. For sore heads and impetigo a medical man was very seldom called in ; medical attention is not as a rule required. The nurse visited to instruct and to help the parents to get the head or face cleaned.

The nurse visited cases of running ears to see that ears were cleaned **regularly**. In most cases the children were receiving treatment from their own medical man, in some the parents were treating the case themselves. The good effects, however, of the regular visits of the nurse, in some cases twice a day, has been quite marked, and some of the children who had to be kept away from school for long periods on account of the unpleasant discharge from the ears are now attending, and that because of the **regular** attention the child had received.

Some authorities deal with these ailments at what is termed a "School Clinic." The child attends at a central office where a school medical officer examines and takes charge of the treatment and the nurse gives the attention required, the child attending as often as is considered necessary for the cure of its condition. In Burnley the Tuesday afternoon inspection at the Medical Officer's office takes the place of the school clinic, only there is no treatment given. The nurse attends but does not actually attend to any of the cases at the office. The Medical Officer sees the cases and if medical attention is required the parents are advised to get it and the name of their medical man is obtained. If any doubt exists as to whether this is procured or not the medical man is communicated with. If he says he is not attending the visitor is sent to the home. In some cases the parents say they have no medical man and that they cannot afford one, they are then advised to go to the Hospital.

The treatment of ringworm has already been mentioned. In some places this is undertaken by the authority both by the X-Rays and by drugs. The former treatment is not generally available to school children in Burnley and experience of treatment here does not indicate that there is any great call for that form of treatment, which has some drawbacks and dangers.

The nurse is required just as in drug treatment, to carefully remove the dead hairs. The advantage claimed for X-Ray treatment is that the disease is cured more quickly than by drugs.

The system of dealing with ringworm and other minor ailments here has great advantages, for it leaves the manner of treating individual children entirely to the parents, which ought to be done if at all possible, the authority by the provision of the nurse helping in but not being responsible for the treatment. Considering that

Ringworm has only been systematically tackled during last year, the results may be taken as very satisfactory. It may be said here that the home treatment has been found in many cases to be satisfactory and the nurse has helped to carry that out. Where, however, home treatment has not been so the parents have been induced to get medical advice.

As regards enlarged tonsils and 'adenoids,' no trouble has been experienced in procuring treatment, for the means at the disposal of the parents for dealing with this condition are quite adequate. The parents either go to their own doctor or take the child to the Hospital. So far the Hospital has proved quite capable of meeting the demand made upon it. The same remark applies to eye diseases.

It is somewhat difficult to deal with dental disease in school children for the only real method would be for the dentist to make periodical inspections of every child to give detailed advice in each case. As a rule, the authority would have to carry out the advice and only with the parents' consent. This is such a large undertaking and the cost would be so great as to make it doubtful if the results would justify the expenditure that would have to be made. Dental treatment is really within reach of everybody, for those who cannot afford to engage their own dentist may go to the Hospital for advice and treatment.

Impairment of vision by errors of refraction is comparatively frequent. As has already been pointed out, there is trouble in getting the parents to appreciate the child's condition. The authority have made special arrangements with an Ophthalmic Surgeon and an Optician that allow of parents having the eyes of their children tested and spectacles secured at a low fee. Of course there are some who cannot afford this fee; to these parents the Hospital is open, where there is an adequately equipped eye department.

Children with defects of a permanent character are dealt with by the authority at the two schools for the mentally defective, the school for the deaf, and the school for the blind. There is no school for children who are physically unfit for ordinary school life.

There is a class of children who are debilitated generally from some congenital affection such as valvular affection of the heart, or are debilitated from some illness which, though not allowing them to attend the ordinary school, would allow of some amount of school attendance. These children are as a rule granted long leave of absence.

In the way of treatment Sir John Thursby's Convalescent Home at St. Anne's is open to these children, and last year²⁷⁰ were received there and stayed for an average period of 3 weeks each.

Some authorities have provided for the weakly and debilitated children by erecting "open-air schools," generally on the outskirts of the town, but open-air schools occupied by the children for only a few hours each day for five days in each week can not have any great effect on a condition for which the child requires special treatment. If such a school is required for Burnley children it ought to be a residential one for such cases as tuberculosis, and in that way would really become a tuberculosis sanatorium for children where the inmates could receive a certain amount of education. Before taking any steps in a matter of this kind the authority would require to be in possession of more accurate information than they are at present as to the number of children likely to benefit by such treatment.

It would be quite easy, however, to make some experiments in this direction of open-air schools by utilizing, as has been done in other places, some of the play-grounds already in existence. Play-ground classes might certainly be tried for ringworm and sore-heads, ailments which do not interfere with a child's capacity for school work.

APPENDIX.

LIST OF TABLES OF HEIGHTS AND WEIGHTS.

Table I.—Weights of Boys at 5 years of age in accordance with Heights.

„ II.— „ Girls „ „ „ „

„ III.— „ Boys at 7 years of age in accordance with Heights.

„ IV.— „ Girls „ „ „ „

„ V.—Heights of Boys leaving School.

„ VI.—Weights of „ „

„ VII.— „ Boys leaving School in accordance with Heights.

„ VIII.—Heights of Girls leaving School.

„ IX.—Weights of Girls „

„ X.— „ Girls leaving School in accordance with Heights.

„ XI.—Heights and Weights in different areas of England.

Table I.—Weights of Boys at Five Years of age in accordance with Heights.*

Height in Inches.	20-25 lbs.	25-30 lbs.	30-35 lbs.	35-40 lb.	40-45 lbs.	45-50 lbs.	50-55 lbs.	Over 55 lbs.	Total.
Under 28
28—30
30—32
32—34
34—36	...	3	11	1	...	...	...	...	15
36—38	...	5	20	19	2	...	...	...	46
38—40	43	83	15	...	...	...	141
40—42	8	103	76	3	...	...	190
42—44	26	59	12	...	...	97
44—46	3	8	5	...	...	16
46—48
Over 48
Total	8	82	235	160	20	...	...	505

*The Heights are taken with the footgear removed.

Average Height and Weight.

Number Inspected.	Average Height in Inches.	Average Weight in Pounds.
505	40.8	38.5

Table II.—Weights of Girls at Five Years of age in accordance with Heights.

Height in Inches.	20-25 lbs.	25-30 lbs.	30-35 lbs.	35-40 lbs.	40-45 lbs.	45-50 lbs.	50-55 lbs.	Over 55 lbs.	Total.
Under 28
28—30	1	...	...	...	...	...	...	...	1
30—32
32—34	...	2	1	...	...	...	...	...	3
34—36	...	2	10	4	1	...	...	...	17
36—38	...	3	20	13	2	...	...	...	38
38—40	...	1	41	86	8	1	...	...	137
40—42	28	97	54	3	...	...	182
42—44	25	35	11	...	...	71
44—46	1	...	5	1	...	...	7
46—48	1	...	...	1
Over 48
Total	1	8	101	225	105	17	...	...	457

Average Height and Weight.

Number Inspected.	Average Height in Inches.	Average Weight in Pounds.
457	40.6	37.7

Table III.—Weight in accordance with Height of Boys who have just attained
the Age of Seven Years.

Height in Inches.	25-30 lbs.	30-35 lbs.	35-40 lbs.	40-45 lbs.	45-50 lbs.	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	Total.
34—36
36—38	2	...	...	...	...	...	...	2
38—40	6	7	1	1	...	...	...	15
40—42	...	3	36	31	5	...	...	...	...	75
42—44	...	1	27	122	53	4	...	...	...	207
44—46	5	100	134	42	2	...	...	283
46—48	...	2	14	65	65	9	...	...	...	155
48—50	8	12	10	2	1	1	33
Over 50	4	1	1	...	1	1	7
Total	4	78	274	270	125	22	2	2	777

Average Height and Weight.

Number Inspected.	Average Height in Inches.	Average Weight in Pounds.
777	45.3	45.8

Table IV.—Weight in accordance with Height of Girls who have just attained the Age of Seven Years.

Inches. Height in	25-30 lbs.	30-35 lbs.	35-40 lbs.	40-45 lbs.	45-50 lbs.	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	Total.
34—36
36—38	1	2	2	...	...	...	...	...	...	5
38—40	...	7	12	2	...	...	...	...	...	21
40—42	...	6	53	41	6	...	...	...	...	106
42—44	51	160	41	2	...	...	...	254
44—46	...	1	4	113	113	22	2	...	...	255
46—48	16	61	57	7	...	...	141
48—50	12	16	4	...	...	32
Over 50	3	3	1	...	...	7
Total ...	1	16	122	332	236	100	14	...	...	821

Average Height and Weight.

Number Inspected.	Average Height in Inches.	Average Weight in Pounds.
821	43.1	44.4

Table V.—Heights of Boys Leaving School.

AGE. Years	44-46 ins.	46-48 ins.	48-50 ins.	50-52 ins.	52-54 ins.	54-56 ins.	56-58 ins.	58-60 ins.	60-62 ins.	62-64 ins.	64-66 ins.	Total.
11—11½
11½—12	1	...	...	...	...	1
12—12½	1	3	3	...	...	...	...	...	7
12½—13	...	3	17	53	116	158	105	54	17	1	...	524
13—13½	1	4	8	14	5	3	...	...	...	35
13½—14	3	6	11	8	4	1	...	...	33
Over 14
Total	3	18	61	133	186	119	61	18	1	600

Average Heights at Various Ages.

AGE.	No. Inspected.	Average height in inches.
11 years	1	57.0
12 ,,,	531	54.8
13 ,,,	68	54.9

Table VI.—Weights of Boys Leaving School.

AGE. Years.	Under 50 lbs.															Over 120 lbs. Total.
	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	70-75 lbs.	75-80 lbs.	80-85 lbs.	85-90 lbs.	90-95 lbs.	95-100 lbs.	100-105 lbs.	105-110 lbs.	110-115 lbs.	115-120 lbs.		
11—11½	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11½—12	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
12—12½	...	...	...	1	3	2	1	...	...	...	...	...	...	...	...	7
12½—13	2	7	18	64	107	112	100	57	23	20	9	2	...	2	1	524
13—13½	...	...	1	3	10	9	4	5	3	...	...	...	...	...	...	35
13½—14	...	...	1	2	4	12	3	4	3	1	1	1	...	...	...	33
Over 14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL	2	7	20	70	125	135	108	66	29	21	10	3	1	2	1	600

Average Weights at Various Ages.

AGE.	Number inspected.	Average Weight in Pounds.
11 years	1	67.5
12 ,,,	551	73.6
13 ,,,	68	75.1

Table VII.--Weights of Boys Leaving School in accordance with Heights.

Table VIII.—Heights of Girls Leaving School.

AGE.	44-46 ins.	46-48 ins.	48-50 ins.	50-52 ins.	52-54 ins.	54-56 ins.	56-58 ins.	58-60 ins.	60-62 ins.	62-64 ins.	64-66 ins.	Total.	
Years													
11—11½	...	...	...	1	...	...	...	...	...	...	...	1
11½—12	...	...	...	...	...	1	...	...	...	...	...	1
12—12½	...	...	...	...	...	1	2	...	...	...	...	3
12½—13	1	2	6	37	106	145	124	62	25	5	3	516	
13—13½	1	...	...	2	8	6	7	3	2	...	...	29
13½—14	...	...	4	3	10	13	16	9	6	...	...	61
Over 14	...	...	...	...	...	...	...	...	...	...	...	...
Total	...	2	2	10	43	124	166	149	74	33	5	3	611

Average Heights at Various Ages.

AGE.	Number Inspected.	Average Height in Inches.
11 years	2	53.0
12 ,,,	519	55.5
13 ,,,	90	55.6

Table IX.—Weights of Girls Leaving School.

AGE.	Under 50 lbs.	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	70-75 lbs.	75-80 lbs.	80-85 lbs.	85-90 lbs.	90-95 lbs.	95-100 lbs.	100-105 lbs.	105-110 lbs.	110-115 lbs.	115-120 lbs.	Over 120 lbs.	Total.
Years																	
11—11½	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
11½—12	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1
12—12½	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	3
12½—13	...	5	33	64	108	100	86	46	30	14	11	7	6	3	2	1	516
13—13½	1	...	1	5	4	5	1	4	4	2	1	...	1	...	...	...	29
13½—14	...	3	2	3	11	8	12	8	6	4	2	1	1	...	...	...	61
Over 14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	1	8	37	73	123	114	99	59	41	20	14	8	8	3	2	1	611

Average Weights at Various Ages.

AGE.	Number Inspected.	Average eight in Pounds.
11 years	2	60.0
12 ,	519	72.1
13 ,	90	76.3

Table X. Weights of Girls Leaving School in accordance with Heights.

Height in Inches.	Under 50 lbs.	50-55 lbs.	55-60 lbs.	60-65 lbs.	65-70 lbs.	70-75 lbs.	75-80 lbs.	80-85 lbs.	85-90 lbs.	90-95 lbs.	95-100 lbs.	100-105 lbs.	105-110 lbs.	110-115 lbs.	115-120 lbs.	Over 120 lbs.	Total.	
44—46	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
46—48	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
48—50	...	3	3	3	1	...	...	...	...	...	...	...	...	...	...	10	
50—52	...	2	17	16	8	...	...	...	...	...	...	...	...	...	...	43	
52—54	13	40	46	20	4	1	...	...	...	...	...	...	...	124		
54—56	3	12	53	52	30	10	5	...	1	...	...	...	...	166		
56—58	1	1	14	34	47	26	19	5	1	1	...	...	...	149		
58—60	1	8	17	19	10	8	4	3	4	...	...	74		
60—62	1	...	...	1	3	6	7	5	4	3	2	1	33		
62—64	1	...	1	1	1	1	5	
64—66	1	...	2	3	
Total	1	8	37	73	123	114	99	59	41	20	14	8	8	3	2	1	611	

Table XI.—Heights and Weights of Children in Different Areas of England.

AGE.	BOYS.														
	ENGLAND.			COUNTY AREAS			URBAN AREAS.			NORTH OF ENGLAND.			SOUTH OF ENGLAND.		
	No. Examined.	Height in Inches.	Weight in Lbs.	No. Examined.	Height in Inches.	Weight in Lbs.	No. Examined.	Height in Inches.	Weight in Lbs.	No. Examined.	Height in Inches.	Weight in Lbs.	No. Examined.	Height in Inches.	Weight in Lbs.
3	9388	36.4	32.7	5793	36.6	32.8	3595	35.9	32.4	5628	36.4	32.7	3760	36.4	32.7
4	24047	38.6	35.8	12898	38.7	36.1	11149	38.4	35.4	14062	38.5	36.0	9985	38.7	35.6
5	65438	40.5	38.6	32390	40.6	39.0	33048	40.4	38.1	43070	40.3	38.5	22368	40.7	38.6
6	20554	42.5	42.5	9463	42.7	42.6	11085	42.3	42.5	13038	42.4	42.9	7516	42.7	41.9
7	37515	45.1	46.6	14784	45.4	47.2	22731	45.0	46.2	17271	44.9	46.6	20244	45.3	46.7
11	37230	55.0	72.7	25933	55.2	73.3	11297	54.6	71.4	20601	54.8	72.4	16629	55.2	73.1
13	52232	56.1	77.3	21632	56.1	77.7	30600	56.0	77.1	30649	55.7	76.8	21583	56.6	78.1
GIRLS.															
3	8478	36.0	31.8	5343	36.2	31.9	3135	35.7	31.4	5256	36.0	32.3	3222	36.1	31.7
4	21362	38.6	34.8	11695	39.0	35.0	9667	38.0	34.5	12874	38.1	34.8	8488	38.8	34.8
5	63825	40.4	37.8	31464	40.5	37.9	32631	40.1	37.2	42189	40.1	37.4	21636	40.8	37.9
6	21238	42.3	40.9	10101	42.5	41.2	11137	42.2	40.6	13686	42.1	40.7	7552	42.7	41.1
7	36477	44.8	45.1	14570	45.1	45.4	21907	44.6	44.9	17261	44.4	45.0	19216	45.2	45.1
11	5129	52.5	65.1	1913	53.3	66.7	3216	52.1	64.2	2364	52.6	65.0	2495	52.5	65.0
12	36577	54.6	73.7	24909	54.5	74.4	11668	54.8	72.1	30607	54.6	73.1	15970	54.6	74.4
13	50717	56.9	79.9	21771	57.1	80.9	28946	56.7	79.1	28854	56.5	79.4	21863	57.3	80.5

